Fill in this information to identify your case:	100			Check one box onl	y as directe	d in this form and in
Debtor'1 Luigi	/ -OSABİF	th) CP	F	Form 122A-1Supp:		
First Name Middle Name Debtor 2	Last Name		≯	1. There is no pre	esumption of	abuse.
(Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: District of	Last Name			abuse applies	will be made	ne if a presumption of e under <i>Chapter 7</i> fficial Form 122A–2).
Case number 1-20-40385 - Ess (If known)				3. The Means Te	est does not a	apply now because of it it could apply later.
				Check if this is	an amende	ed filing
Official Form 122A—1						
Chapter 7 Statement of Your	Curre	nt Mo	nthly	Income		12/19
Be as complete and accurate as possible. If two married per space is needed, attach a separate sheet to this form. Include additional pages, write your name and case number (if know do not have primarily consumer debts or because of qualify Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this Part 1: Calculate Your Current Monthly Income	de the line i vn). If you b ving military	number to v believe that	vhich the you are e	additional informa	ation applier resumption of Exemption	of abuse because you
1. What is your marital and filing status? Check one only.	•				0/1	> ₹₹
Not married. Fill out Column A, lines 2-11.					₹	= 36
☐ Married and your spouse is filing with you. Fill out				•	•	5 THE
☐ Married and your spouse is NOT filing with you. Y	-	•				O
Living in the same household and are not leg Living separately or are legally separated. Fill under penalty of perjury that you and your spous spouse are living apart for reasons that do not in	l out Columr e are legally	n A, lines 2-1	1; do not under non	fill out Column B. B bankruptcy law that	y checking the same of the sam	hat you and your
Fill in the average monthly income that you received to bankruptcy case. 11 U.S.C. § 101(10A). For example, if August 31. If the amount of your monthly income varied defill in the result. Do not include any income amount more income from that property in one column only. If you have	you are filin luring the 6 than once.	ig on Septen months, add For example	nber 15, the the income, if both s	ne 6-month period we ne for all 6 months a pouses own the sar	vould be Mar and divide the	rch 1 through e total by 6.
	-	•		Column A Debtor 1	Column B Debtor 2 or non-filing s	
Your gross wages, salary, tips, bonuses, overtime, an (before all payroll deductions).	nd commiss	sions		s Arrached	\$	•
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.						
4. All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, y and roommates. Include regular contributions from a spot filled in. Do not include payments you listed on line 3.	nclude regul your depend	ar contribution lents, parent	ons s,	\$	\$	
Net income from operating a business, profession, or farm	Debtor 1	Debtor 2				
Gross receipts (before all deductions)	\$	\$				
Ordinary and necessary operating expenses	- \$	- \$	Copy_			
Net monthly income from a business, profession, or farm	\$	\$	here →	\$	\$	
6. Net income from rental and other real property Gross receipts (before all deductions)	Debtor 1 \$	Debtor 2 \$				
Ordinary and necessary operating expenses	- \$	- \$	Сору			
Net monthly income from rental or other real property	\$	\$	here 👈	\$	\$	- Andrews
7. Interest, dividends, and royalties		en anna er er er er er er er en er	egogonom operación con espe	\$	\$	- augustation address and augustation and a second and a

Debtor 1	First Name Middle Name Last Name	Case number (if known)	1-20-40385	- ESS
* 1		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. U	nemployment compensation	\$	\$	
	no not enter the amount if you contend that the amount received was a benefit nder the Social Security Act. Instead, list it here:			
	For your spouse			
b n l d	Pension or retirement income. Do not include any amount received that was a enefit under the Social Security Act. Also, except as stated in the next sentence, do ot include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or isability, or death of a member of the uniformed services. If you received any retired ay paid under chapter 61 of title 10, then include that pay only to the extent that it oes not exceed the amount of retired pay to which you would otherwise be entitled interest under any provision of title 10 other than chapter 61 of that title.	I	\$	
10. li C a te S	ncome from all other sources not listed above. Specify the source and amount. To not include any benefits received under the Social Security Act; payments received a victim of a war crime, a crime against humanity, or international or domestic errorism; or compensation, pension, pay, annuity, or allowance paid by the United states Government in connection with a disability, combat-related injury or disability, eath of a member of the uniformed services. If necessary, list other sources on a eparate page and put the total below.			
		\$	\$	
		\$	\$	
	Total amounts from separate pages, if any.	+ \$	+ \$	
C	calculate your total current monthly income. Add lines 2 through 10 for each olumn. Then add the total for Column A to the total for Column B.	\$		otal current onthly income
Pari				···· · · · · · · · · · · · · · · · · ·
	alculate your current monthly income for the year. Follow these steps:		garan man	
1:	2a. Copy your total current monthly income from line 11	C		
	Multiply by 12 (the number of months in a year).		X ye = 100000000	12
1	2b. The result is your annual income for this part of the form.		12b. \$	· · · · · · · · · · · · · · · · · · ·
13. C	alculate the median family income that applies to you. Follow these steps:			
F	ill in the state in which you live.			
. F	ill in the number of people in your household.			
	ill in the median family income for your state and size of householdof ind a list of applicable median income amounts, go online using the link specified		13. \$	the second secon
	structions for this form. This list may also be available at the bankruptcy clerk's office			
14. H	low do the lines compare?			
14	4a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, Go to Part 3. Do NOT fill out or file Official Form 122A-2	There is no presumptio	on of abuse.	
1.	4b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presu</i> Go to Part 3 and fill out Form 122A–2.	mption of abuse is dete	ermined by Form 122A-2.	

Debtor 1	First Name Middle Name Last Name	Case number (if known) 1 - 20 - 40385 - 855
Part 3:	Sign Below	
	By signing here, I declare under penalty of perjury that the information on	this statement and in any attachments is true and correct.
	× //· //	K
	Signature of Debtor 1	Signature of Debtor 2
	Date 02 03 120 70 MM / DD / YYYY	Date
	If you checked line 14a, do NOT fill out or file Form 122A–2.	
	If you checked line 14b, fill out Form 122A–2 and file it with this form.	

Fill in this	information to identify y	our case:				
Debtor.1	Luigi	•	Posseimon			
Deptor*1	First Name	Middle Name	Last Name	-		
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name			
United State	s Bankruptcy Court for the:	District	of			
Case numbe	· · ·	40385-				
(If known)		P- 203				
	· STATE AND STATE OF THE STATE			☐ Check if this is an amended filing		
Official	Form 122A—15	Supp				
			m Presumptio	n of Abuse Under § 707(b)(2) 12/15		
exempted fr exclusions i required by	om a presumption of abu	use. Be as comple to only one of yo	ete and accurate as possible	Income (Official Form 122A-1), if you believe that you are e. If two married people are filing together, and any of the complete a separate Form 122A-1 if you believe that this is		
				2.2.442		
personal, f		se." Make sure tha		.C. § 101(8) as "incurred by an individual primarily for a ith the answer you gave at line 16 of the Voluntary Petition for		
	o to Form 122A-1; on the ubmit this supplement with			no presumption of abuse, and sign Part 3. Then		
Yes. G	Yes. Go to Part 2.					
/ Part 2: Do	Part 2: Determine Whether Military Service Provisions Apply to You					
2. Are you a	disabled veteran (as defi	ned in 38 U.S.C. §	3741(1))?			
No. G	60 to line 3.					
Yes. D			active duty or while you were	performing a homeland defense activity?		
	No. Go to line 3.	-				
	Yes. Go to Form 122A-1		e 1 of that form, check box 1, signed Form 122A-1.	There is no presumption of abuse, and sign Part 3.		
3. Are you o	r have you been a Reserv	vist or member of	the National Guard?			
	omplete Form 122A-1. Do					
Yes. W	Vere you called to active du	uty or did you perfo	orm a homeland defense activ	ity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).		
☐ No	. Complete Form 122A-1.	Do not submit this	supplement.			
☐ Ye	s. Check any one of the fo	llowing categories	that applies:			
	I was called to active du 90 days and remain on a		er 11, 2001, for at least	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1,		
	I was called to active du	ty after September 11, 2001, for at least	check box 3, The Means Test does not apply now, and			
	90 days and was release	d from active duty		sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of		
	which is fewer than 540 d	lays before I file th		Official Form 122A-1 during the exclusion period. The		
	I am performing a home	eland defense act	ivity for at least 90 days.	exclusion period means the time you are on active duty or are performing a homeland defense activity, and for		
	I performed a homeland	l defense activity	for at least 90 days,	540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).		
		g on, which is fewer than 540 days	er than 540 days	If your exclusion period ends before your case is closed,		
	before I file this bankrupto	cy case.		you may have to file an amended form later.		